

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

HR-10 Nursing Policy

24 June 2005

Reserve Component Personnel

1. PURPOSE: To provide guidelines for Walter Reed Army Medical Center (WRAMC), nursing personnel regarding the mission, responsibilities and coordination of training for the U.S. Reserve Component (RC) personnel.

2. SCOPE: This policy applies to all WRAMC nursing personnel, Active and Reserve Component, performing nursing care activities and training at WRAMC.

3. REFERENCES:

- a. AR 40-1 Composition Missions and Functions of the AMEDD, Sep 1992.
- b. AR 40-3 Medical, Dental, Veterinary Care, 28 Jan 2002.
- c. AR 40-48 Non-physician Health Care Providers, 7 Nov 2000.
- d. AR 140-1 Mission, Organization and Training of Reserve, 12 January 2004.
- e. AR 140-185 Training and Retirement Point Credits and Unit Level Strength Accounting, 1 Jul 1987.
- f. AR 670-1 Wear and Appearance of Army Uniforms and Insignia, February 2005.
- g. WRAMC Reg 600-1, Human Resources, 3 May 2005.

4. PROCEDURE:

a. Training periods:

1) Annual Training (AT) is performed by units or individuals of the RC organizations. The period of training is usually 12 days with a maximum of 29 days.

2) Unit Training Assemblies (UTA) is a four-hour block of time. A drill weekend, Saturday/Sunday, is composed of four UTA's or a multiple UTA (MUTA-4). Each UTA is equal to one day of base pay and one retirement point. An RC individual may perform a

maximum of 48 UTA's per training year. Training can consist of didactic and/or clinical time and is accounted for as Inactive Duty for Training (IDT).

3) "Points Only" is training performed, as identified above, by an individual for retirement points only and not financial reimbursement.

b. There are four categories of Reserve training participation:

1) Troop Program Unit Member (TPU): This individual may belong to a TDA or TO&E type of unit. The TPU will assume responsibility for completing mandatory training, the Army Physical Fitness Test (APFT) and annual evaluations. The WRAMC immediate supervisor provides an evaluation of AT performance, which is used by the RC unit in completing the annual evaluation.

2) Individual Mobilization Augmentee (IMA): IMA's are pre-selected officers or enlisted personnel who fill critical positions in an organization and are pre-trained to fill those positions upon mobilization. IMA's must complete an APFT and receive an annual evaluation during AT.

3) National AMEDD Augmentation Detachment (NAAD): NAADs are Registered Nurses, Licensed Practical Nurses, and physicians assigned to unit positions for readiness and mobilization purposes. Their administrative coordinator is located at Ft. McPherson, GA. NAAD individuals may perform two days of training per month at the closest MTF and are required to attend AT with their assigned unit every other year. NAAD personnel must complete an APFT and receive an annual evaluation during AT.

4) Individual Ready Reserve (IRR) IRR individuals, officer and enlisted, are not required to perform UTA's or AT but may request to do so through AR-PERSCOM, St. Louis, for pay and/or points only. As all Reserve categories, they may be assigned to perform active duty under special circumstances up to 179 days per year. IRR personnel must complete an APFT and receive an annual evaluation during AT.

c. Chief, Nursing Education and Staff Development (NESD) or designee ensures assignments are in support of readiness, the unit's "go to war" mission and competency based on identified individual training needs. Clinical training, which as closely as possible pairs an RC individual with an AC counterpart, is coordinated through NESD. The Reserve Section OIC/NCOICs will update training objectives, maintain their currency, and provide individuals with an opportunity to successfully achieve them.

d. The primary mission of RC personnel is to be prepared for mobilization. This preparation may be accomplished by classroom training and testing, clinical experience in a medical treatment facility (MTF), or field exercises and training of soldier survival skills.

e. All requests for training dates are arranged through the North Atlantic Regional Medical Command (NARMC) Operations, at least eight (8) weeks in advance in order to allow the necessary time to complete the process for credentialed providers. The

request is then communicated to the Medical Center Brigade and to NESD. The Medical Center Brigade will notify the requesting unit of approval/disapproval and convey this information to NESD. The NESD coordinator will identify appropriate and available clinical training areas and work with the unit/individual to accomplish WRAMC pre-requisites and to finalize training assignments. All RC individuals will be AOC/MOS qualified prior to performing training at WRAMC.

f. The RC Chief Nurse or requesting RC individual will provide the following information to NESD NLT 3 weeks prior to assigned training date:

1) Current list of nursing staff (professional and paraprofessional), their Area of Concentration (AOC) or Military Occupational Specialty (MOS), and their unit position.

2) Current licensure status (66 Series and 91WM6). Personnel who are not in compliance with the licensure standard will not be permitted to train at WRAMC.

3) Current Basic Life Support status (BLS).

4) Documentation of WRAMC medication administration proficiency with a record of a passing score.

5) Civilian work related experience.

g. RC personnel will complete the Short Term Staff Orientation in accordance with WRAMC Reg 600-1, with the exception of the 2290th U.S. Army Reserve Hospital. The 2290th U.S. Army Reserve Hospital is the designated backfill unit for WRAMC. Personnel who do their monthly training (IDT) at WRAMC will complete WRAMC orientation.

h. Duties and Responsibilities: WRAMC

1) Nursing Education and Staff Development (NESD):

a) Serves as liaison to ensure training needs and objectives are consistent with the training needs and readiness requirements.

b) Shares information, problems and concerns with the RC Chief Nurse. Issues not resolved will be brought to the attention of the Chief, NESD and DCN.

c) Coordinates specific DON orientation as needed for the Reserve unit/individual with the WRAMC Section Chiefs and Head Nurses.

2) Section Chiefs/Weekend Supervisors:

a) Serve as liaison to ensure patient care is being provided in a competent, safe and efficient manner.

b) Communicate problems to the RC OIC present during IDT or AT and to the Chief, NESD as well as the Deputy Commander for Nursing.

3) Head Nurse/Charge Nurse:

a) Orients RC OIC/NCOIC to the nursing unit/ward and patient population.

b) Provides guidance to personnel regarding policies, procedures and equipment in order to provide safe and efficient patient care.

c) Provides each individual unit level competency package.

d) Coordinates the mission of the RC personnel with the nursing staff and provides opportunities to accomplish all possible training successfully.

i. Duties and Responsibilities: Reserve Component

1) Chief Nurse/ Chief Wardmaster:

a) Serves as liaison with WRAMC, DON.

b) Maintains records of nursing personnel's proficiency and training needs. Provides required documentation and verification of licensure, BLS certification and pre-requisite training and test results to NESD.

c) In coordination with WRAMC, DON representative/NESD Reserve Liaison, assigns RC personnel to specific nursing units/wards based on training needs and qualifications.

d) Ensures each current RC provider credential file (PCF) for granting of privileges NLT 45 days prior to the performance of all training (e.g. Nurse Practitioners and Nurse Anesthetists).

e) Ensures compliance with WRAMC nursing units/wards policies and Reserve guidelines for training.

f) Maintains accountability for RC personnel training whereabouts, enforces appropriate professional behavior of RC personnel, and ensures the security and good order of the assigned training areas and equipment.

g) Reviews CBO packets with RC personnel to establish training objectives and maintains CBO record of accomplishment of those objectives.

h) Communicates and coordinates with WRAMC Head Nurse and Senior NCO training requirements for individual RC personnel

j. Sick Call Procedures:

1) Sick call in the Emergency Room is authorized for all RC personnel for any disease or injury incurred or aggravated while traveling directly enroute to/ from or during IDT/AT/ADT periods. Information will be completed for determination of a Line of Duty for authorized care.

2) The individual must notify the OIC/NCOIC on unit/ward assigned of sickness or injury. The RC OIC/NCOIC must notify the WRAMC nursing supervisor or NCO. Approval (Sick Slip) must be obtained from the Troop Commander/HQ Company Commander or First Sergeant prior to reporting to sick call.

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